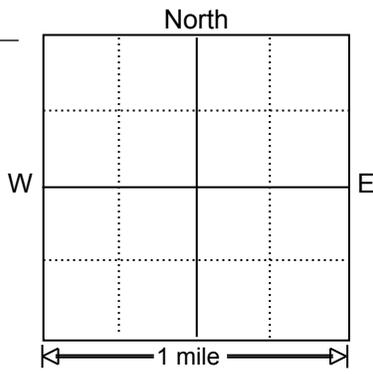


# SOUTH DAKOTA WELL AND TEST HOLE PLUGGING REPORT 11-02

Location  $\frac{1}{4}$   $\frac{1}{4}$  Sec \_\_\_\_\_ Twp \_\_\_\_\_ Rg \_\_\_\_\_

County \_\_\_\_\_

Please mark well location with an "X"



Plugging Completion Date \_\_\_\_\_

Well Owner:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CHECK APPROPRIATE BOX

EXISTING WELL <input type="checkbox"/>	TEST HOLE <input type="checkbox"/>
Well depth _____	Hole depth _____
Casing material _____	Hole size _____
Casing size(s) _____	
Casing condition _____	

Describe plugging procedure:

Describe grout or plugging material:

Type of non-slip plug: \_\_\_\_\_

This well or test hole was plugged under license # \_\_\_\_\_ and this report is true and accurate.

Drilling firm: \_\_\_\_\_

Signature of Licensed Representative: \_\_\_\_\_

Signature of Well Owner: \_\_\_\_\_

Date: \_\_\_\_\_